

Augusta-Richmond County License Department
 PO Box 9270
 Augusta, GA 30916-9270
 Phone: 706-312-5050
 FAX # 706-312-4277 or 706-312-5037

BUSINESS TAX RETURN
 COUNTY OF RICHMOND, BUSINESS TAX DIVISION
 Calendar Year **2015**

Report Change in Location/Mailing Address Promptly to Business Tax Division

Please Type or Print with Ball Point Pen

Complete all spaces as they relate to County Activity <table border="1" style="float: right; margin-top: -20px;"> <tr> <td colspan="4">FOR BUSINESS LICENSE OFFICE USE ONLY</td> <td rowspan="2">Interviewed By:</td> </tr> <tr> <td colspan="2">Zoning</td> <td colspan="2">Map & Parcel</td> </tr> <tr> <td>Account #</td> <td># of Decals</td> <td>Tax Class</td> <td>SIC Code</td> <td>Approved By:</td> </tr> </table>						FOR BUSINESS LICENSE OFFICE USE ONLY				Interviewed By:	Zoning		Map & Parcel		Account #	# of Decals	Tax Class	SIC Code	Approved By:	YEARLY TOTAL GROSS RECEIPTS (EVEN DOLLARS)		# of Employees:
						FOR BUSINESS LICENSE OFFICE USE ONLY					Interviewed By:											
Zoning		Map & Parcel																				
Account #	# of Decals	Tax Class	SIC Code	Approved By:																		
Circle One Renewal Amended New Final	Started New Business Sold or Closed Business	Date				\$ _____ Professionals and certain practitioners have the option of paying \$400 per practitioner in lieu of reporting gross receipts. Check with the Business Tax Office to determine eligibility for this option.																
Business Name		Business Location – Street Address (Not P.O. Box)			City, State	Zip Code																
Mailing Information Name		Mailing Address – Street or P.O. Box			City, State	Zip Code																
Previous Business Name and Location	Name	Street – Not P.O. Box			City, State	Zip Code																
Circle One Partnership Sole Ownership Corporation	Principal Office, Corporate Name	Street or P.O. Box			City, State	Zip Code																
Officer, Agent or Attorney for Service of Business Affairs in County	Name	Street or P.O. Box			City, State	Zip Code																
Name of Owner(s) & Residence Address	Name	Street or P.O. Box			City, State	Zip Code																
	SSN (Last 4 digits)																					
Officer Title	Name	Street or P.O. Box			City, State	Zip Code																
	SSN																					
Officer Title	Name	Street or P.O. Box			City, State	Zip Code																
	SSN																					
Officer Title	Name	Street or P.O. Box			City, State	Zip Code																
	SSN																					
CERTIFICATION: The information herein as required by Richmond County Code Part II, Chapter 8, Section 6-27.1 I, _____ (Title) _____ of the business firm named, do hereby register to operate said business with dominant business activity of (explain type of business) _____ _____		New Structure (Y or N) Existing Building (Y or N)		E-mail Address _____ In accord with the Business Ordinance of Richmond County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct, and complete.																		
Phone: (Bus) (____) _____ - (Res) (____) _____ - State ID Number Federal ID Number		Applicant Signature _____ Date _____																				